

Castle View High School  
Internship Program  
2010-2011

# APPLICATION

Please return application and supplemental documents by ***November 30, 2009*** to:

**Kevin DeCristino**  
**Internship Coordinator**  
Castle View High School, 5254 North Meadows Drive, Castle Rock, CO 80109  
303-387-9027

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Parent Cell \_\_\_\_\_

**Best Phone Number or E-mail Contact:** \_\_\_\_\_  
*(If it is e-mail, please check it regularly – at least once every 24 hrs)*

## **ACADEMIC PREPARATION**

Academy \_\_\_\_\_ Advisement Teacher \_\_\_\_\_ Counselor \_\_\_\_\_

Courses completed OR to be completed as a senior to prepare you for your specific internship request.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Work Experience (please list most recent or current work experience first)**

**Employer**                      **Supervisor**                      **Mailing Address**                      **Phone**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Volunteer/Community Service Experience**

**Agency**                      **Supervisor**                      **Type of Service**                      **Hours**                      **Dates**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Leadership Activities (an officer, committee chairperson, team captain, etc.)**

Activity	Sponsor	Position	Dates

**Internship Preference**

List in order of preference, **three specific job titles** for your internship experience and an internship location and contact if you have one. When choosing these, you should choose a field of interest that is related the academy you currently are enrolled in.

Internship Preference	Location	Contact Name	Phone Number
1. _____			
2. _____			
3. _____			

**Scheduling Options**

\_\_\_\_\_ school release time    \_\_\_\_\_ after school    \_\_\_\_\_ weekends

\_\_\_\_\_ one term    \_\_\_\_\_ two terms    \_\_\_\_\_ three terms    \_\_\_\_\_ four terms

\_\_\_\_\_ first quarter    \_\_\_\_\_ second quarter    \_\_\_\_\_ third quarter    \_\_\_\_\_ fourth quarter  
(August-October)    (October-December)    (January-March)    (March-May)

**Reason for your choices:**

\_\_\_\_\_

\_\_\_\_\_

**Please complete the following supplemental documents:**

- 1) **Vehicle/Insurance verification (attached to this application) – obtain a parental signature verifying you will have transportation during the quarter of your internship.**
- 2) **Personal Statement – word process a paragraph response to each the following questions (one paragraph per question) and attach your typed essay response to the application. See last page of the application.**
  - Why did you choose to apply to the Senior Internship Program?
  - What are your academic strengths?
  - What are your personal characteristics and talents which make you a strong candidate for an internship in your career interest area?
  - What do you expect to contribute to and gain from the internship experience?

**Castle View High School  
Senior Internship Program**

**Preliminary Verification of Transportation**

The Castle View High School Senior Internship program **requires** students provide their own transportation to and from their internship site.

Douglas County School District's liability insurance does **not** cover students who are transported in private vehicles off campus. Each student enrolled in the Senior Internship Program **must** have: 1) *parental or guardian permission to leave campus and drive their own vehicle to and from the internship site*, 2) *a valid driver's license*, and 3) *proof of liability insurance*. **Students must not transport other students to and from the internship site.**

As the parent or guardian of a student enrolling in the Castle View High School Senior Internship Program, we are asking you sign this statement giving your assurance that your son or daughter will have a valid driver's license, will maintain adequate insurance coverage, and has your permission to drive off campus for the internship experience. **Further we ask for your assurance your son or daughter will not transport other students to or from internship sites. The parent(s) assumes all responsibility for student driving to and from the internship site.**

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**Prior to the beginning of the internship, you will be asked to update this form to include the student's driver's license number and insurance coverage information.**

